

For DHHR Use Only:

Grant Number _____

**West Virginia Department of Health and Human Resources
Subrecipient (Grantee) Information Form – DHHR Finance A-1000**

Please see the Instructions for Completion of the Subrecipient (Grantee) Information Form

1. Subrecipient (Grantee) Legal Name	2. Subrecipient (Grantee) DBA Name

3. Subrecipient (Grantee) 9-Digit DUNS Number

4. Subrecipient (Grantee) Physical Location			
Street 1:		State:	
Street 2:		Zip +4:	
City:		County:	

5. Subrecipient (Grantee) Type (Please check one box only)	
<input type="checkbox"/> A - State Government <input type="checkbox"/> B - County Government <input type="checkbox"/> C - City or Township Government <input type="checkbox"/> D - Special District Government <input type="checkbox"/> E - Regional Organization <input type="checkbox"/> F - U.S. Territory or Possession <input type="checkbox"/> G - Independent School District <input type="checkbox"/> H - Public/State Controlled Institution of Higher Learning <input type="checkbox"/> I - Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> J - Indian/Native American Tribal Government (Other than Federally Recognized) <input type="checkbox"/> K - Indian/Native American Tribally Designated Organization <input type="checkbox"/> L - Public/Indian Housing Authority	<input type="checkbox"/> M - Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) <input type="checkbox"/> N - Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) <input type="checkbox"/> O - Private Institution of Higher Education <input type="checkbox"/> P - Individual <input type="checkbox"/> Q - For-Profit Business (Other than Small Business) <input type="checkbox"/> R - Small Business <input type="checkbox"/> S - Hispanic-serving Institution <input type="checkbox"/> T - Historically Black Colleges and Universities (HBCUs) <input type="checkbox"/> U - Tribally Controlled Colleges and Universities (TCCUs) <input type="checkbox"/> V - Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> W - Non-domestic (non-US) entity <input type="checkbox"/> X - Other (Please explain) _____

6. Subrecipient (Grantee) Primary Place of Performance			
City:		Zip +4:	
State:		County:	

7. Subrecipient (Grantee) Highly Compensated Officers (if applicable)		
Officer Name	Title	Total Compensation

NOTE: This form must be signed by an individual no lower than the Executive Director or Chief Financial Officer.

Printed Name _____ Title _____

Signature _____ Date _____ Phone # _____